

## DISTRICT COURT

## APPEAL FORM

Rhode Island General Laws 1956 § 31-2-19 establishes the right to appeal within ten (10) days of notice of decision. The fee for this appeal is Twenty-five Dollars (\$25.00).

You must complete this form and state your reasons for this appeal on the second page of this form. (Attach additional pages if necessary) If your appeal does not show sufficient grounds, it will be denied.

Failure to file this Appeal Form and pay the fee within thirty (30) days of decision will deny your opportunity for an appeal.

This is an appeal from a decision by: **Division of Motor Vehicles Operator Control** 

## **COMPLETE THE FOLLOWING:**

Last Name	First Name	Middle Initial	Date of Birth
Address (Number and Street	, City, State, and Zip Co	ode)	
Home Telephone Number	Cell Number	E-ma	ail Address
ATTORNEY OF RECOR	O MUST FILL OUT T	HE FOLLOWING:	
Name		Bar Registra	ition Number
Address (Number and Street	, City, State, and Zip Co	ode)	·····
Telephone Number		F-mail Addr	

## STATE REASONS FOR APPEAL BELOW